

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

SERIAL NO

FILED DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1						
2						
3		1				
4		1				
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TOTAL IND.	2					
TOTAL DEP.	12					
TOTAL CLAIMS						

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